

## TESTIMONY REGARDING

HB 6546 "An Act Concerning Revisions to Home Health Care Statutes"

March 11, 2011

Representative Ritter, and members of the Public Health Committee, my name is Carolyn Reid and I am the Administrator for Masonicare Partners Home Health and Hospice. We are a state licensed and Medicare certified home health agency and hospice providing home health and hospice care to Connecticut citizens living in the greater Hartford and Tolland counties.

It has been my privilege to serve on the Home Health Services Legislative task force established by Representative Ritter to address consumer and provider confusion related to privately hire caregivers and services provided by licensed home health agencies. I am pleased to provide testimony in **support** of HB 6546 "An Act Concerning Revision to Home Health Care Statutes". I would also like to thank Representative Ritter for having the foresight to establish the task force as well as for bringing forth the recommendations included in this bill.

The task force was able to put forth a number of recommendations through collaboration between state agency leaders, community representatives, and home health providers by focusing on our common goal of providing the most cost-effective and appropriate services necessary to insure safe, appropriate home care to CT citizens. I see these recommendations as a first step in the long term strategy to develop a cohesive, seamless care delivery system which reduces cost across all health care sectors and assists in insuring cost effective, high quality care for our CT citizens. I think it is

through the ongoing collaboration of industry leaders across the continuum that we will find the best solutions to the challenges we face in providing health care.

The first recommendation is to allow training of privately hired caregivers/PCAs by home health agency nursing staff. This revision will allow home health agency registered nursing staff to train privately hired unlicensed caregivers at the client's request. Allowing home health agency registered nurses to provide training to privately hired caregivers will increase their competency, provide a training option for the self directed clients, and improve the overall level of care.

The second recommendation is a "technical" recommendation to eliminate language which is confusing due to the unclear definition of "chronic and stable" particularly in how it relates to two types of home care providers.

The third recommendation made by the task force recommends a Universal Abuse Registry Feasibility Study. This study group will look at other state models to determine the cost savings and provide suggestions for streamlining criminal background check and abuse registry activities. From a home health agency perspective, it will serve all client ages/groups, eliminating previously unprotected populations, while increasing efficiency by eliminating duplication and/or gaps in reporting. The study will hopefully provide data in regards to cost savings as well as suggestions on implementation.

Thank you for considering my testimony and please let me know if you have any questions.

Carolyn Reid, Administrator [creid@masonicare.org](mailto:creid@masonicare.org)

Masonicare Partners Home Health and Hospice